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Fax**I N T E L L E C T U A L P R O P E R T Y L A W**

To:	U.S. Patent & Trademark Office	From:	Molly L. Sauter
Attn:	Paul M. Gurzo - Art Unit 2881	Client:	1372.87.PRC1
Fax:	(703) 872-9318	Pages:	23 including coversheet
Phone:	(703) 306-0532	Date:	May 15, 2003
Re:	USSN 09/971,119	CC:	University of South Florida (Assignee)
<input type="checkbox"/> Urgent <input checked="" type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

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Practitioner's Docket No.: 1372.87.PRC1**PATENTS****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: David P. Fries et al.)

Serial No.: 09/971,119)

Filed: 10/04/2001)

For: Portable Underwater Mass Spectrometer)

Art Unit: 2881

Examiner: Gurzo, Paul M.

Faxed to Technology Center 2800 at (703) 872-9318

Mail Stop Fee Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

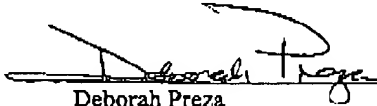
EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this Amendment A is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 2881, Attn.: Paul M. Gurzo, (703) 872-9318 on May 15, 2003.

Dated: May 15, 2003


Deborah Preza

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(Amendment Transmittal - page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	44	Minus	47	= 0	x \$9 =	\$0
Indep.	5	Minus	5	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim					+ \$140 =	\$0
Total						Addit. Fee \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
 If any additional fee for claims is required, charge Deposit Account No. 500745.


 SIGNATURE OF PRACTITIONER

Reg. No. 46,457
 Tel. No.: (727) 507-8558

Molly L. Sauter
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 Clearwater, FL 33760

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(Amendment Transmittal)—page 2)